ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St. Elizabeth Ann Seton Hospital

Year: 2003 City: Evansville Peer Group: Specialized

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue					
Inpatient Patient Service Revenue	\$11,732,955				
Outpatient Patient Service Revenue	\$0				
Total Gross Patient Service Revenue	\$11,732,955				
2. Deductions from Revenue					
Contractual Allowances	\$6,044,683				
Other Deductions	\$0				
Total Deductions	\$6,044,683				
3. Total Operating Re	evenue				
Net Patient Service Revenue	\$5,688,272				
Other Operating Revenue	\$2,813				
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4. Operating Expenses	S
Salaries and Wages	\$2,009,697
Employee Benefits and Taxes	\$401,781
Depreciation and Amortization	\$95,252
Interest Expenses	\$134,816
Bad Debt	\$456,573
Other Expenses	\$2,783,976
Total Operating Expenses	\$5,882,095
5. Net Revenue and Expe	nses
Net Operating Revenue over Expenses	(\$191,010)
Net Non-operating Gains over Losses	(\$167,294)
Total Net Gain over Loss	(\$358,303)

Total Operating Revenue	\$5,691,085

6. Assets and Liabilities			
Total Assets	\$4,284,381		
Total Liabilities	\$7,513,573		

Statement Two: Contractual Allowances					
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue		
Medicare	\$10,182,842	\$5,520,124	\$4,662,718		
Medicaid	\$298,967	\$181,266	\$117,701		
Other State	\$0	\$0	\$0		
Local Government	\$0	\$0	\$0		
Commercial Insurance	\$1,251,146	\$343,293	\$907,853		
Total	\$11,732,955	\$6,044,683	\$5,688,272		

Statement Three: Unique Specialized Hospital Funds						
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment			
Donations	\$0	\$0	\$0			

Educational	\$0	\$0	\$0
Research	\$0	\$0	\$0

Number of individuals estimated by this hospital that are involved in e	ducation
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	O
Number of Citizens Exposed to Health Education Message	0

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Vanderburgh	Community	Vanderburgh County
Location		Served	

Hospital Mission Statement

To make a positive difference in the lives and health status of individuals and communities. Central to our mission is services to those who are poor. The health services we provide will be spiritually centered, accessible, and affordable.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	NO	Annual Statement	NO
Community Education	NO	Clinic Support	NO	Needs Assessment	2000
Community Education		enne support		1 teeds 7 tissessifient	2000

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$5,000)	(\$65,000)	(\$60,000)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
No programs identified	\$0

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients	(\$60,000)
unable to pay, to patients covered under government	
funded programs, and for medical education, training.	
2. Community Health Education	\$0
3. Community Programs and Services	\$0
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$60,000)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Carol Godsey

Telephone number: 812/485-7443

Web Address Information: www.stmarys.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	62	109
2. % of Salary	Salary Expenses divided by Total Expenses	34.2%	37.2%
3. Average Daily Census	Patient Days divided by annual days (365 days)	14.6	29.5
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	24.9	21.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges		\$71,566
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$54,827	\$41,667
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	0.0%	11.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits		\$659
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	86.8%	63.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.8%	3.1%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$60,000)	(\$68,031)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	-3.4	5.0

Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.